

## UNITED STATES DISTRICT COURT

for the  
District of Maine

Bangor Division

U.S. DISTRICT COURT  
DISTRICT OF MAINE  
BANGOR  
RECEIVED & FILED

2021 JUN -4 P 2:05

DEPUTY CLERK

Gregory Paul Violette

Case No.

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Pharos House  
Pharos House Director  
Kim Hartley  
US Department of Justice

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

## COMPLAINT FOR A CIVIL CASE

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

|                    |                         |
|--------------------|-------------------------|
| Name               | Gregory Paul Violette   |
| Street Address     | 21 Summer St            |
| City and County    | Madison Somerset        |
| State and Zip Code | Maine 04950-1422        |
| Telephone Number   | 207-399-7567            |
| E-mail Address     | drpgpviolette@gmail.com |

## B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

## Defendant No. 1

Name Pharos HouseJob or Title *(if known)* \_\_\_\_\_Street Address 5 Grant StCity and County PortlandState and Zip Code Maine 04101

Telephone Number \_\_\_\_\_

E-mail Address *(if known)* \_\_\_\_\_

## Defendant No. 2

Name Pharos House DirectorJob or Title *(if known)* DirectorStreet Address 5 Grant StCity and County PortlandState and Zip Code Maine 04101

Telephone Number \_\_\_\_\_

E-mail Address *(if known)* \_\_\_\_\_

## Defendant No. 3

Name Kim HartleyJob or Title *(if known)* Reintegration SpecialistStreet Address 5 Grant StCity and County PortlandState and Zip Code Maine 04101

Telephone Number \_\_\_\_\_

E-mail Address *(if known)* \_\_\_\_\_

## Defendant No. 4

Name U.S. Department of JusticeJob or Title *(if known)* Northeast Regional Office, U.S. Custom House-7th FloorStreet Address 2nd & Chestnut StreetsCity and County PhiladelphiaState and Zip Code PA 19106

Telephone Number \_\_\_\_\_

E-mail Address *(if known)* \_\_\_\_\_

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question ☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.  
Civil Rights

**B. If the Basis for Jurisdiction Is Diversity of Citizenship**

## 1. The Plaintiff(s)

## a. If the plaintiff is an individual

The plaintiff, *(name)* \_\_\_\_\_, is a citizen of the  
State of *(name)* \_\_\_\_\_.

## b. If the plaintiff is a corporation

The plaintiff, *(name)* \_\_\_\_\_, is incorporated  
under the laws of the State of *(name)* \_\_\_\_\_,  
and has its principal place of business in the State of *(name)* \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

## 2. The Defendant(s)

## a. If the defendant is an individual

The defendant, *(name)* \_\_\_\_\_, is a citizen of  
the State of *(name)* \_\_\_\_\_. Or is a citizen of  
*(foreign nation)* \_\_\_\_\_.



b. If the defendant is a corporation

The defendant, *(name)* \_\_\_\_\_, is incorporated under the laws of the State of *(name)* \_\_\_\_\_, and has its principal place of business in the State of *(name)* \_\_\_\_\_.

Or is incorporated under the laws of *(foreign nation)* \_\_\_\_\_, and has its principal place of business in *(name)* \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

I was made to go to the Pharos House and stay from 7/29/2020 until 8/8/2020, the reason was that I was told I had tampered with my monitor. That was NOT true, I had NOT, the reason the monitor came off was my ankles swell and due to the swelling over and over the monitor strap finally let go.

After 10 days of waiting and NO PROOF Kim told me I could go back home to Home Confinement.

During my stay at the House my mental illness got worse and I asked if I could go to mental health at VA Togus, Maine but was told NO? My mental illness continued to get worse but I could ONLY deal with the issue, NO HELP FROM HOUSE?

### IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

\$8,000,000.00

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 05/15/2021

Signature of Plaintiff



Printed Name of Plaintiff Gregory Paul Violette

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney \_\_\_\_\_

Printed Name of Attorney \_\_\_\_\_

Bar Number \_\_\_\_\_

Name of Law Firm \_\_\_\_\_

Street Address \_\_\_\_\_

State and Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_